

Total DBE Commitment to Trucking Firm: \$_____

INDIANA DEPARTMENT OF TRANSPORTATION

**WEEKLY DBE
TRUCKING REPORT B**

Name of Firm: _____ Address: _____

INDOT Contract No.: _____ District: _____

Name of General Contractor: _____

Name of Contractor With Whom You Have Your Trucking Agreement: _____

DAY OF THE WEEK	DATE	NUMBER OF DBE TRUCKS OWNED	NUMBER OF DBE SUPPLEMENTAL TRUCKS	NUMBER OF NON-DBE SUPPLEMENTAL TRUCKS ELIGIBLE FOR FULL DBE CREDIT	NUMBER OF TRUCKS ELIGIBLE FOR BROKERAGE/ COMMISSION CREDIT ONLY
SUNDAY					
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					
TOTAL:					

Check box if my trucking services are completed on this job.

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I AFFIRM, UNDER PENALTIES OF PERJURY, that the above information is true and correct to the best of my knowledge, information and belief.

Authorized Signature: _____, _____

Title

Printed Name

Date

To be submitted weekly by Contractor to PE/PS. PE/PS to submit to EEO Officer. EEO Officer submit to CO monthly.

